Background: We have previously found that: (i) patients with spondyloarthri-
tis (SpA) have higher circulating levels of IL-18 and osteoprotegerin (OPG) than healthy controls (1), (ii) psoriatic arthritis (PsA) patients present with more proatherogenic lipid profile and higher IL-18 levels than ankylosing spondylitis (AS) patients (2).

Objectives: To investigate the relationship between disease phenotype, i.e. peripheral arthritis (perPsA n=45), axial PsA (axPsA n=16) and ankylosing spondylitis (AS n=94), cardiovascular risk factors and serum concentrations of IL-18, IL-17.

Methods: A group of 155 SpA patients (94 AS/61 PsA), of similar age (44.5 ver-
sus 44.9 years), disease duration (4.8 versus 6.8 years), and matched with per-
disease activity (AS ASDAS-CRP 3.62±0.94; PsA DAPSA 26.75±26.61) were included in the study. The lipid profile comprised triglycerides (TG), total cho-
sterol (TChol), low- and high-density lipoprotein (LDL and HDL, respectively) were measured by specific commercially available enzyme-linked immunosorbent assays (ELISA) and were expressed as medians (pg/ml). The Mann-Whitney test was applied for intergroup comparison, correlation was assessed using Spearman’s Rank tests (r value is shown) with linear regression model.

Results: Patients with perPsA had higher rate of IHD than axPsA and AS patients (27% vs 0% vs 7.8%, respectively), perPsA patients had significantly higher diastolic blood pressure than AS patients (perPsA 131±13mmHg vs AS 121±14 mmHg), more severe cardiovascular burden than patients with axial disease (perPsA 48% vs AS 18% versus 18% AS) and hypertiglycieridemia (perPsA 48% vs axPsA 14% vs 16%AS) as well as higher TG concentration (perPsA 165±87mg/dl vs axPsA 111±63mg/dl vs 110±57 AS mg/dl). Moreover, patients with perPsA had significantly higher serum concentrations of IL-18 than axPsA and AS groups (132.5pg/ml vs 79.2pg/ml vs 84.9pg/ml), but there were no differences between them in IL-17 concentrations. Interestingly, in patients with perPsA, but not in other patients’ groups, statistically significant associations between IL-18 concentrations and proatherogenic risk factors were found, as IL-18 cor-
related positively with TC (r=0.31), TG (r=0.53) atherogenic index (r=0.6), and uric acid (r=0.3) concentrations, while negatively with HDL levels (r=0.47).

Conclusion: We conclude that in PsA peripheral joints inflammation is associ-
ated with more proatherogenic cardiovascular risk profile and higher IL-18 serum levels, that seem to be interrelated, while patient’s disease activity is associated with metabolic syndrome. Generally recommended SCORE scale is practically unable to indicate SpA patients with higher CV risk.

References:
tions of serum osteoprotegerin and IL-18 concentrations with cardiovascular risk in ankylosing spondylitis and psori-
[2] Bonek K et al. ESAT0310 The associations of seru
mL-18 and osteoprotegerin (OPG) levels with the lipid profile in psoriatic arthritis (PSA) patients Annals of the Rheumatic Diseases 2018;77:1019-1020.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.10101

AB0776 ACCESSORY STAGE IN THERAPY OF PSORIATIC ARTHRITIS WITH ENGINEERED BIOLOGICAL PREPARATIONS

I. Gonza
de1, O. Emelyanova1, O. Rusanova1, N. Emelyanov2, I. Zbrovskaya2.
1Federal State Budgetary Institution «Research Institute of Clinical and Experimental Rheumatology named after A. B. Zbrovsky», Volgograd, Russian Federation; 2Volgograd State Medical University, Volgograd, Russian Federation

Objectives: increasing the sorption capacity of medications based on interleu-
kine-12 and interleukin-23 in patients with psoriatic arthritis

Methods: To reduce the concentration of anti-inflammatory cytokines (IL-12, IL-23) we ran the blood from psoriatic arthritis patients through granules which had been obtained preliminarily by emulsion polymerization. Antibodies to IL-12 and IL-23 were obtained from the commercial formulation Ustekinumab with the preparational antibodies 0.2mg in 1 ml of saline solution. They were of spherical shape, with gel particle size 10 – 100 mcm. Specific sorption capacity of magnetococontrollable polycrylamidine granules (MPG) was determined using a mini-column with working chamber capacity of 0.2 ml, filled with MPG through which IL-12 and IL-23 solutions (1 ml) were run in increasing concentrations.

Results: Perfusion of the blood through a magnetococontrollable adsorbent was done using a column of 10 ml capacity equipped with an electric magnet; magnetococontrollable polycrylamidine granules with immobilized antibodies to IL-12 and IL-23 were added to the column. This device was used for in vitro processing of heparinized blood from 10 patients with psoriatic arthritis of varying degree of activity who had not received parenteral administration of cytokine IL-12 and IL-23 inhibitors (Ustekinumab) for 12 months. Blood from 10 apparently healthy donors was used as control; the perfusion procedure was the same. The concen-
tration of cytokines (IL-12 and IL-23) in the blood plasma was determined with immunoenzyme assay commercial kits: Bender Med. Systems, USA for IL-12, and Bender Med. Systems, Vienna Austria for IL-23. The parameters under study were determined twice for each sample: prior to and after perfusion. It was established that perfusion through a magnetococontrollable adsorbent leads to a considerable decrease in IL-12: by 99,8% from baseline (in apparently healthy individuals), and by 99,9% in psoriatic arthritis patients: the concentration of IL-23 decreased by 99,9% in psoriatic arthritis patients. That is why decreasing the cytokine level as much as possible is of great practical importance as the cytokines play the leading role in psoriatic arthritis pathogenesis. When compar-
ing data on carbon–based adsorbents found in literature we saw that the cytokine concentration decreased by 92,64% from baseline. Elimination of the cytokines did not bring about any statistically important change in the content of blood corpuscles, which is an additional advantage of the method.

Conclusion: The obtained findings demonstrate high effectiveness of the method of simultaneous sorption of interleukin-12 and interleukin-23 using an original magnetococontrollable adsorbent based on Ustekinumab. The proposed adsorbent shows little traumatism in relation to blood corpuscles, as well as low nonspecific sorption. Extracorporeal elimination of cytokines from the blood flow can be a promising preparatory step in genetically designed treatment of patients with psoriatic arthritis.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.2088

AB0777 EPIDEMIOLOGY, CLINICAL FEATURES AND BIOLOGICAL TREATMENT OF UVEITIS IN 320 PATIENTS WITH PSORIATIC ARTHRITIS. STUDY FROM A SINGLE UNIVERSITY CENTER.

I. González-Mazon1, L. Sanchez-Bilbao1, N. Palmou-Fontana1, D. Martinez-
Lopez1, S. Armeto1, M. A. González-Gay2, R. Blanco1, H. U. Marques de Valdecilla, Santander, Spain

Background: Uveitis is an articular manifestation of psoriatic arthritis (PsA), Biological therapy, especially monoclona
tNF inhibitors, are useful to pre-
vent and to treat refractory non-infectious uveitis. However, other biologics had been related to paradoxical uveitis

Objectives: Our aim was to assess a) the epidemiological and clinical features of uveitis associated with PsA and b) its relationship with biological treatment used in PsA.

Methods: Observational study of unselected consecutive patients studied in a single reference University Hospital with: a) diagnosis of PsA by CASPAR cri-
teria and b) diagnosis of uveitis by ophthalmologist exploration. Demographics features, clinical findings, complementary tests and treatment were recorded.

Results: We studied 320 (182 women/138 men) patients with PsA; mean age at PsA diagnosis of 41.7±15.79 years and with a delay of diagnosis from the onset of symptoms of 2.6±2.01 years.

Ten patients (4 men/6 women) out of 320 patients (prevalence 3.13%) with a mean age of 42.2 ± 16.8 years were diagnosed of uveitis after a mean follow-up of 10.7±7.9 years. In all cases, the uveitis had an anterior pattern. Only 1 (%10) of them had a bilateral affection, acute onset in 10 patients (100%), and 4 of them (40%) had a recurrent pattern. The diagnosis of uveitis preceded the one of PsA in 5 (50%) patients in 1.6±0.87 years. In those with a previous diagnosis of PsA, it was done 13.3±10.4 years before the uveitis onset. Only 1 patient (10%) with recurrent unilateral uveitis presented vitritis. In 10 patients the mean number of anterior chamber cells was 2±0.4. Comparison of baseline characteristics and clinical features between patients who developed uveitis and those who did not is shown in table.

Only 2 patients (20%) with uveitis received biological therapy. The first one developed its first episode of uveitis after 29 months with etanercept. After the episode, a switch to adalimumab was done, without any other episode of uveitis after 22 months of treatment. The second one was a patient with multiple episodes of recurrent uveitis, who developed new flares with adalimumab, certolizumab and golimumab.

Conclusion: Most of the uveitis had an anterior and unilateral pattern. The onset of uveitis in patients with PsA can either precede or go after the diagnosis of the PsA. HLA B27 was more frequent in patients with uveitis. Biological therapy did not achieve good answer in patients with recurrent uveitis.
Philadelphia, United States of America; York, United States of America; United States of America; Paris, France; quality of life (QoL) in pts with PsA and its validity in clinical practice has been assessed by the PsAID-9 questionnaire was specifically developed to assess health-related outcomes and disease activity in psoriatic arthritis (PsA).1-3 The phase 2b dose-ranging BE ACTIVE study assessed the efficacy and safety of BKZ in patients (pts) with PsA; data are reported elsewhere.4 Details of the study design (NCT02969525) are reported elsewhere.4 The phase 2b dose-ranging BE ACTIVE study assessed the efficacy and safety of BKZ in patients (pts) with PsA; data are reported elsewhere.5 Patient-reported outcomes (PROs) are increasingly recognised as important endpoints in clinical trials.6 The Psoriatic Arthritis Impact of Disease-9 (PsAID-9) questionnaire was specifically developed to assess health-related quality of life (QoL) in pts with PsA and its validity in clinical practice has been demonstrated.7

Objectives: To report the association between PsAID-9 score (a PRO) and disease activity response (very low disease activity (VLA), minimal disease activity (MDA), and DAPSA remission) during 48 weeks (wks) BKZ treatment.

Methods: Details of the study design (NCT02969525) are reported elsewhere.4 Here, we report the proportion of pts who achieved a PsAID-9 score ≤3, and the association between PsAID-9 score and Wk 48 disease activity (range 0–28) where 0–4 is remission, 5–14 is low, 15–28 is moderate, >28 is high across all active treatment arms (Table 1). The Table 1. MDA and DAPSA responder rates

<table>
<thead>
<tr>
<th>Treatment arm</th>
<th>MDA (%) [a]</th>
<th>DAPSA remission (%) [b]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wk 12</td>
<td>Wk 24</td>
<td>Wk 48</td>
</tr>
<tr>
<td>BKZ 160 mg (n=40)</td>
<td>47.5</td>
<td>50.0</td>
</tr>
<tr>
<td>BKZ 160 mg LD (n=37) [c]</td>
<td>43.2</td>
<td>59.5</td>
</tr>
<tr>
<td>BKZ 320 mg (n=41)</td>
<td>29.3</td>
<td>36.6</td>
</tr>
</tbody>
</table>

Table 1. MDA and DAPSA responder rates

<table>
<thead>
<tr>
<th>Treatment arm</th>
<th>MDA (%) [a]</th>
<th>DAPSA remission (%) [b]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wk 12</td>
<td>Wk 24</td>
<td>Wk 48</td>
</tr>
<tr>
<td>BKZ 160 mg (n=40)</td>
<td>47.5</td>
<td>50.0</td>
</tr>
<tr>
<td>BKZ 160 mg LD (n=37) [c]</td>
<td>43.2</td>
<td>59.5</td>
</tr>
<tr>
<td>BKZ 320 mg (n=41)</td>
<td>29.3</td>
<td>36.6</td>
</tr>
</tbody>
</table>

(a) DBS, pts with missing data were counted as non-responders; [b] DBS, missing data are imputed using last observation carried forward; [c] 160 mg with 320 mg LD at baseline. BKZ: bimekizumab; DAPSA: Disease Activity Index for Psoriatic Arthritis; DBS: dose-blind set; LD: loading dose; MDA: minimal disease activity.

Results: Across 206 randomised pts at baseline, 66.5% had psoriasis body surface area (BSA) ≥3%, 18.9% had prior tumour necrosis factor inhibitor (TNFi) therapy, and >28 is high disease activity at Wk 12.

Disease Activity Response: MDA response and >28 is high disease activity at Wk 12.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Acknowledgments: This study was funded by UCB Pharma. Editorial services were provided by Costello Medical.


References:

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.

Disclosure of Interests: Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Roche, Bristol-Myers, Janssen, and MSD.